

SENDER COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

GREGORY W. AYERS, MD
2405 ALTARIDGE CIRCLE
VESTAVIA, AL 35243-4527



9590 9402 3922 8060 1317 42

2. Article Number (Transfer from service label)

7017 3380 0000 5793 6218

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Gregory Ayers

C. Date of Delivery

8-17-15

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

2:18CW719 cl

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail

all Restricted Delivery

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☒ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt